PTO/SB/22 (12-04)

PET	TITION FOR EXTENSION OF TIME UNDER 37	Docket Number (Optional)			
FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			PP000338.0105 (2300-0338.02)		
Application Number: 10/611,398			Filed: June 30, 200	Filed: June 30, 2003	
For IMMUNOGENIC DETOXIFIED MUTANTS OF CHOLERA TOXIN					
Art Unit: 1645			Examiner: J. Graser	Examiner: J. Graser	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.					
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):					
		<u>Fee</u>	Small Entity Fee	!	
	One month (37 CFR 1.17(a)(1))	\$120	\$60	\$	
	Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$	
	Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$ 1050.00	
	Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$	
-	Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$	
	Applicant claims small entity status. See 37 CFR 1.27.				
A check including the amount of the fee is enclosed.					
\boxtimes	Payment by credit card.				
	The Director has already been authorized to charge fees in this application to a Deposit Account.				
	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>18-1648</u> .				
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
1 To vide credit card information and addionization on P 10-2000.					
l ar	m the applicant/inventor.		* .		
assignee of record of the entire interest. See 37 CFR 3.71.					
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).					
attorney or agent of record. Registration Number 41,411					
attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34					
i .	Wasternar		August 13, 2008		
	Signature		D	Pate	
	Dahna S. Pasternak		(650) 493-3400		
Typed or printed name			i elepnor	Telephone Number	
NOTE:	: Signatures of all the inventors or assignees of record of the entire gnature is required, see below.	interest or their represe	entative(s) are required. Sub-	mit multiple forms if more than	
	Total of forms are sub-	mitted			